



**Government of Guam**  
**Department of Public Health and Social Services**  
**PROPERTY OWNER'S AUTHORIZATION TO CULTIVATE**

Landowner

I, \_\_\_\_\_, am the legal owner of the following property \_\_\_\_\_ (address of cultivation site). I am authorizing \_\_\_\_\_ (name of cultivator) to cultivate medical cannabis on my property.

Homeowner's Association

I, \_\_\_\_\_, am the legal representative of the Homeowners' Association of the neighborhood where the cultivation will take place \_\_\_\_\_ (address of cultivation site). I am permitting \_\_\_\_\_ (name of cultivator) to cultivate inside his/her residence.

I can be contacted via email \_\_\_\_\_ or by phone \_\_\_\_\_.

\_\_\_\_\_  
Signature/Date